

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082624

**FILED**  
**Apr 25, 2007**  
**Secretary of State**

**Entity Name:** VILLA ITALIANA, LLC

**Current Principal Place of Business:**

1930 HARRISON STREET, SUITE 303  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

1930 HARRISON STREET  
602  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1930 HARRISON STREET, SUITE 303  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1930 HARRISON STREET  
602  
HOLLYWOOD, FL 33020

FEI Number: 20-1887329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MG3 DEVELOPER GROUP, LLC  
1930 HARRISON STREET, SUITE 303  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

MG3 DEVELOPER GROUP, LLC  
1930 HARRISON STREET  
602  
HOLLYWOOD, FL 33020 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MG3 DEVELOPER GROUP,, LLC  
Address: 1930 HARRISON STREET, SUITE 303  
City-St-Zip: HOLLYWOOD, FL 33020 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MG3 DEVELOPER GROUP,, LLC  
Address: 1930 HARRISON STREET, SUITE 602  
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARCELO SAIEGH

MGR

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date